

11336

302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
Hillcrest Convalescent Home
How long in hospital or institution? 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Hill Crest Home, Northern Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Mary Landon Alexander

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
6.(b) Name of husband or wife Edward P. Alexander
7. Birth date of deceased (mo., day, yr.) August 28, 1861 6.(c) If alive, give age years
8. AGE: Years 85 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Fredericksburg, Va.
(Town, county, and state)
10. Usual occupation Retired

11. Industry or business
12. Name Dr. Augustine S. Mason
13. Birthplace Stafford Co. Virginia
14. Maiden name Mary McIntire Eliason
15. Birthplace Fairfax Co. Virginia

16. Informant Mr. Charles McKee
Address Hagerstown, Maryland

17. Burial Date thereof 11-18-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Maryland

19. Nov. 18, 1946 Chas H. Sowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1946 at 9 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 1943 to 11/16 1946
and that I last saw him alive on 11/16 - 1946

Immediate cause of death Chronic subacute arterio-sclerosis
Due to
Due to
Other conditions none

DURATION

?

(Include pregnancy within 3 months of death)
Major findings of operations none Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

V. D. Miller
23. SIGNATURE VICTOR D. MILLER M. D. or other
Address 131 W. WASHINGTON ST Date signed 11/18/1946

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 20 1946

BUREAU V S

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 52 YRS.

Hospital, institution, or street address where death occurred:

412 N LOCUST STREET

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)Street No. 412 N. LOCUST STREET

(If rural, give LOCATION)

2.(a) If veteran, name war NON-VET.

3. (a) FULL NAME

CLARENCE E. BAILEY

3. (b) Social Security Number

214-09-7033

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife SARAH ETHEL WOLFINGER6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) AUGUST, 18, 18888. AGE: Years 58 Months 2 Days 14 It less than one day hrs. min.9. Birthplace CHARLESTOWN, W. VA.
(Town, county, and state)10. Usual occupation MONOTYPE OPERATOR11. Industry or business PRINTING12. Name JESSE E. BAILEY13. Birthplace MARTINSBURG W. VA.14. Maiden name ALICE E. HUNSINGER15. Birthplace CHARLESTOWN, W. VA.16. Informant S & Ethel BaileyAddress 412 N. Locust St.17. BURIAL Date thereof 11/4/46
(Burial, cremation, or removal, Which?) (month, day, year)Cemetery or crematory Rose HillLocation Hagerstown, Md.18. Funeral director Woodford J. HornumAddress Hagerstown, Md.19. Nov. 3, 1946 Registrar Edith Sowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov/2 1946 19 5A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw him alive on 19Immediate cause of death Thrombosis first dorsal metatarsal arteryDue to acute coronary thrombosisDue to 20hrsOther conditions July '46

(Include pregnancy within 3 months of death)

Major findings of operations noAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells M.D.

Hagerstown, Md.

Address Nov/3/46Date signed Nov/3/46

1-58



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

11338 12

Reg. Diat. No. 3160

1. PLACE OF DEATH:

County Washington
 City or town Keedysville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Keedysville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Enna Baker

3. (b) Social Security Number

None.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife. Salina Baker

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) October 29 - 18788. AGE: Years Months Days If less than one day
68 0 29 hrs. min.8. Birthplace Keedysville Wash. Co. Md.
(Town, county, and state)10. Usual occupation. Farmer

11. Industry or business

12. Name George W. Baker13. Birthplace Keedysville Wash. Co. Md.14. Maiden name Sarah Criswell15. Birthplace Keedysville Wash. Co. Md.16. Informant Mrs. Salina BakerAddress Keedysville Md.17. Burial Date thereof Dec. 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Keedysville Md.18. Funeral director D. Best & SonsAddress Keedysville Md.19. Nov 30 19 46 R. J. Recting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 19 46 at 10:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28 19 46 to Nov. 28 19 46 and that I last saw him alive on Nov. 28 19 46Immediate cause of death Coronary Thrombosis
DURATION 4 hours

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

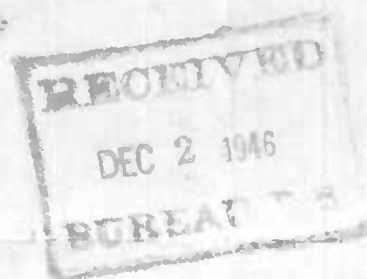
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hubert Hale M. D.
M. D. or otherAddress Baunshong Md. Date signed 11/30/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41339 8020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town West Siding Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Phillip G. Bishop

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 8.(b) Name of husband or wife May Rebecca Robey Bishop
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) August 13 1971
 8. AGE: Years 75 Months 3 Days 3 — hrs. — min.

9. Birthplace Washington Co., Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

—

12. Name Abraham Bishop

13. Birthplace Washington Co., Md.

14. Maiden name Julia Wise

15. Birthplace Washington Co., Md.

16. Informant Catherine Bishop

Address Hancock, Route #1

17. Burial Date thereof Nov. 20 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Presbyterian

Location Route 40 - West of Hancock

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. Nov. 18 46 Registrar Chas. R. Bast
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

Nov/16 46 4:32P M

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov/15/46 19 Nov/16/46 19

and that I last saw him alive on Nov/16/46 19

Immediate cause of death

Chr. myocarditis

Due to coronary occlusion

Due to acute ventricular fibrillation

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Richard Wells, M.D.
Hagerstown, Md. Date signed Nov. 17/46

Address

Address

Address

Address

Address

Address

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 20 1946

BUREAU V A

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-0

CERTIFICATE OF DEATH

Dr. Wells

11340

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Hours
 Hospital, institution, or street address where death occurred:
Back of Highland Way
 How long in hospital or institution

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 668 Highland Way
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War #1

3. (a) FULL NAME

WALTER BLOCHER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife ---
 6. (c) If alive, give age --- years
 7. Birth date of deceased (mo., day, yr.) August 8, 1889
 8. AGE: Year 57 Months 4 Days 4 If less than one day --- hrs. --- min.

9. Birthplace Frostburg Allegany Co. Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Veteran World War # 1

12. Name Isaac Blocher

13. Birthplace Frostburg Md.

14. Maiden name Sophia Anderson

15. Birthplace Frostburg Md.

16. Informant James F. Wilson

Address Hagerstown Md.

17. Burial Johnson's Cemetery Date thereof 11/14/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Johnson's Cemetery

Location Frostburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov. 13, 46 Blanch Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1946, at about 12 night M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... DURATION

Acute alcoholic Narcosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

DEPUTY MEDICAL EXAM.

23. SIGNATURE..... WASH. CO., MD.

M. D. Nov. 12/46

Address..... Date signed.....

RECEIVED
NOV 15 1945
BUREAU

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

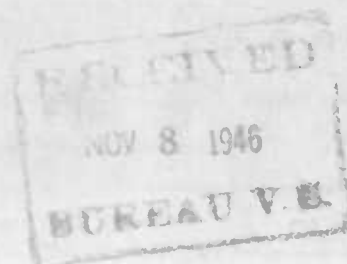
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH: County... <u>Washington</u> City or town... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>57 years</u> Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> How long in hospital or institution? <u>3 weeks</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Washington</u> City or town... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>126 Randolph Avenue</u> (If rural, give LOCATION) 2.(a) If veteran, name war...	
3. (a) FULL NAME <u>John Howard Bomberger</u>		3. (b) Social Security Number : <u>None</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Florence E. Bomberger</u> 6. (c) If alive, give age ... years			
7. Birth date of deceased (mo., day, yr.) <u>Dec. 1, 1888</u>			
8. AGE: Years <u>57</u>	Months <u>11</u>	Days <u>2</u>	If less than one day ... hrs. ... min.
9. Birthplace <u>Washington County, Md.</u> (Town, county, and state)			
10. Usual occupation <u>Retired Fire Truck Driver</u>			
11. Industry or business			
FATHER	12. Name <u>Henry Bomberger</u>		
	13. Birthplace <u>Wash. Co., Md.</u>		
MOTHER	14. Maiden name <u>Clara Reynolds</u>		
	15. Birthplace <u>Wash. Co., Md.</u>		
16. Informant <u>Mrs. Florence E. Bomberger</u> Address <u>126 Randolph Ave. - Hagerstown, Md.</u>			
17. Burial Date thereof <u>Nov. 6-46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Rose Hill Cemetery</u> Location <u>Hagerstown, Md.</u>			
18. Funeral director <u>Fred W. Kraiss</u> Address <u>Hagerstown, Md.</u>			
19. (Date rec'd by registrar) <u>November 6, 1946</u> <u>Black/Bowers</u> Registrar			
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>Nov. 3, 1946</u> <u>1:05 P.</u>			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 22, 1944, to Nov 3, 1946</u> and that I last saw him alive on <u>Nov 3, 1946</u> Immediate cause of death <u>My hypertensive Cardiovascular Disease</u> DURATION <u>Cronary Thrombosis April 1944</u>			
Due to... Due to... Other conditions... (Include pregnancy within 3 months of death)			
Major findings of operations... Autopsy result... PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... Date of... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
23. SIGNATURE <u>Ledney Hovester MD</u> M. D. or other Address <u>Hagerstown Md</u> Date signed <u>11-4-46</u>			



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11342

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 69 yrs.
Hospital, institution or street address where death occurred:
State Way Nursing Home
How long in hospital or institution? 14 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural - Funkstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war non-vet

3. (a) FULL NAME

FANNIE WITMER BOWERS

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Frank Bowers
6. (c) It alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) January 19, 1877

8. AGE: 69 Years 9 Months 17 Days If less than one day _____ hrs. _____ min.

9. Birthplace Funkstown, Washington, Md.
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business _____

12. Name D. Clinton Witmer

13. Birthplace Funkstown, Md.

14. Maiden name Mary Ellen

15. Birthplace Funkstown, Md.

16. Informant Mrs. Chester Hartle

Address 266 Stager St. Hager, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov. 8, 1946
(month) (day) (year)
Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18. Funeral director W. J. Storment

Address Hagerstown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6 19 46 at 7a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 44 to 11/6 19 46

and that I last saw him alive on 11/5 19 46

Immediate cause of death Carcinoma of Breast DURATION 2-3 years

Due to _____

Due to ✓

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations 0 Date of op. _____

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

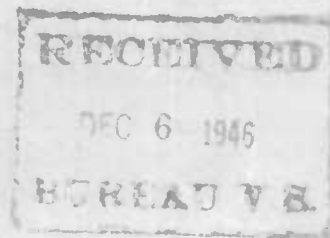
Means of injury _____ Injured at work? _____

23. SIGNATURE Victor D. Miller M. D. or other
Address 131 W. WASHINGTON ST. Date signed 11/7/1946
HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-40

Ex. 2. Miller.
131 W. Washington St.

2-3030 — 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3060

1. PLACE OF DEATH:

County... *Washington*
 City or town... *Highfield*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *35 yrs*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *Ind* County... *Washington*
 City or town... *Highfield*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Ellen Brown

3. (b) Social Security Number

4. Sex... *Female* 5. Color or race... *W* 6. (a) Single, married, widowed, or divorced... *Married*
 6. (b) Name of husband or wife... *William R Brown*
 6. (c) If alive, give age... *65* years
 7. Birth date of deceased (mo., day, yr.)... *Dec 31 1883*
 8. AGE: Year... *62* Months... *10* Days... *5* If less than one day... hrs. min.

9. Birthplace... *Waynesboro Pa*
 (Town, county, and state)
 10. Usual occupation... *House Wife*
 11. Industry or business
 12. Name... *William Wingert*
 13. Birthplace... *Germany*
 14. Maiden name... *Not Known*
 15. Birthplace... *Germany*

16. Informant... *William R Brown*
 Address... *Highfield Md*
 17. Burial... *Burial* Date thereof... *11 8 1946*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... *Int Olivet Cemetery*
 Location... *Hanover Penna*
 18. Funeral director... *Walter H Grove*
 Address... *Waynesboro Pa*
 19. *Nov 5 1946* *Geo W Ferguson*
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... *Nov 6* 19... *46* at... *9* P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from... *10-60* 19... *30* to... *11-5* 19... *46*
 and that I last saw him live on... *11-5* 19... *46*
 Immediate cause of death... *Esophageal Carcinoma*
 DURATION
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 8 months of death)
 Major findings of operations...
 Date of op.
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... *N C Bridgers* M. D. or other
Blue Ridge Summit Pa Date signed... *11-7-46*
 Add. ...

RECEIVED
NOV 19 1946
BUREAU V & S

2-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

11344

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington
 County... Hagerstown, Maryland
 City or town... (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 Washington County Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn Infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 105 Madison Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Giovanni Cefali

3. (b) Social Security Number

705-10-6242

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Not Known
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) February 29, 1879
 8. AGE: Years 67 Months 8 Days 23 If less than one day... hrs. ... min.
 9. Birthplace Italy
 (Town, county, and state)
 10. Usual occupation Retired Trackman
 11. Industry or business W. M. R.R. Co.
 12. Name Not Known
 13. Birthplace Italy
 14. Maiden name Not Known
 15. Birthplace Italy

16. Informant Michael Farrie
 Address Hagerstown, Maryland
 17. Burial Date thereof 11-26-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Washington County Home
 Location Hagerstown, Maryland
 18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland
 19. Nov. 26 46 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 Nov 1946 at 9:10 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 Nov 46 to 21 Nov 46 and that I last saw him alive on 21 Nov 46
 Immediate cause of death Arterio-sclerotic C-V-R disease
 DURATION unknown
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)
 Major findings of operations...
 Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE J. J. Lusby
 Address 230 N. R. Ave Date signed 21 Nov 46
 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 29 1946
BUREAU V &

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

★ 11345

Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington
 County Hagerstown, Maryland
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
 619 Potomac Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland Washington
 State County
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 619 Potomac Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sydney March Clements

3. (b) Social Security Number

214-09-8667

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Anna R. Clements
 6. (c) If alive, give age 34 years
 7. Birth date of deceased (mo., day, yr.) September 29, 1899
 8. AGE: Years 47 Months 1 Days 5 If less than one day hrs. min.

9. Birthplace Cheltenham, England
 (Town, county, and state)
 10. Usual occupation Bartender
 11. Industry or business Alhambra Cafe
 12. Name William T. Clements
 13. Birthplace Cheltenham, England
 14. Maiden name Rhoda March
 15. Birthplace Kings Bridge, England

18. Informant Mrs. Ethel M. Finn
 Address Hagerstown, Maryland
 17. Burial Date thereof 11-6-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Maryland
 C. M. Suter & Sons
 18. Funeral director
 Address Hagerstown, Maryland
 19. Nov. 5, 46 Beach, Howard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 Nov 1946 at 3 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Oct 1946 to 3 Nov 1946
 and that I last saw him alive on 2 Nov 1946

Immediate cause of death Pneumonic Heart Disease DURATION 30 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J J Lusky M. D. or other

Address 2307 Potomac Date signed 4 Nov 46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11346

Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington
 County Hagerstown
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 47 W. Charles Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Nellie Collins

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Daniel S. Collins
 6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 23 1906
 8. AGE: Years 40 Months 5 Days 11 If less than one day hrs. min.

9. Birthplace Smithburg, Wash. Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Harry Walter
 13. Birthplace Smithburg, Md.

MOTHER 14. Maiden name Fanny Davis
 15. Birthplace Smithburg, Md.

16. Informant Daniel S. Collins
 Address 47 W. Charles Street

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/6/46
 (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.

18. Funeral director William H. Downey
 Address 291 Frederick St. Hagerstown

19. November 6, 46 Registrar Blanch Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 19 46, at 9:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2, 1946 to Nov. 3, 1946
 and that I last saw him/her alive on November 2, 1946

Immediate cause of death Carcinoma of urinary bladder and pelvis DURATION 11 mos.

Due to Carcinoma of cervix undetermined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of cervix with extension to urinary bladder Date of op. 4/9/46 Dr. Wroth

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Bowers M. D.
 M. D. or other

Address 148 W. Washington St. Date signed 11/5/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. I 08 DEC 9 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 3030

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 YearsHospital, institution, or street address where death occurred:
164 W. Washington StreetHow long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 164 W. Washington
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

MRS ETHEL TERESA COVER

3.(b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife Frank W. Cover6.(c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) December 4, 1891

8. AGE:	Years	Months	Days	It less than one day
<u>54</u>	<u>11</u>	<u>26</u>	<u>---</u> hrs.	<u>---</u> min.

9. Birthplace Loneconing, Allegany Co., Md.
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name Douglass D. Somerville13. Birthplace Alyshire, Scotland14. Maiden name Margret P. Walker15. Birthplace Landrectshire Scotland16. Informant Miss Dorothy CoverAddress Hagerstown Md.17. Burial Date thereof 12/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec. 3, 46 Charles H. Browne
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 19 46, at 8:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 19 46 to Nov 30 19 46 and that I last saw him alive on Nov 30 19 46Immediate cause of death Carcinoma of Cervix DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations BiopsyAutopsy results Epidemioid Carcinoma of cervix Date of op. 10/24/46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

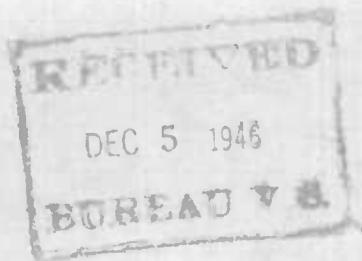
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Somerville M. D. or otherAddress 148 W. Washington St. Hagerstown Date signed 12-2-46



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Register Chas. B. Brown
928 Mulberry Ave.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 17003
CERTIFICATE OF DEATH

11348

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington County
City or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Passing by South Prospect St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Johnstown Pa. County CambriaCity or town Johnstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 Hudson St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Dominici Crucio

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

M W Married

6.(b) Name of husband or wife Lucy Cardille7. Birth date of deceased (mo., day, yr.) 1894 6.(c) If alive, give age years8. AGE: Years Months Days If less than one day
52 hrs. min.9. Birthplace Johnstown Cambria Pa
(Town, county, and state)10. Usual occupation Store Prop

11. Industry or business

12. Name Ricco Crucio13. Birthplace Italy14. Maiden name Marie Defiro15. Birthplace Italy16. Informant John CrucioAddress Johnstown Pa.17. Burial Date thereof Nov 16 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St AnthonyeLocation Johnstown Pa.19. Funeral director John A ConwayAddress 250 main St Johnstown Pa.19. Nov 12 1946 Black/Bowen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 46 12/45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h... alive on 19...

Immediate cause of death

DURATION

Fractured skull(closed)Due to Open fracture rt tibiaand fibulaDue to Hemorrhage & shock

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Nov. 12 '46Where did injury occur? Hagerstown Wash. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) S. Prospect St.Means of injury struck by auto Injured at work? no

DEPUTY MEDICAL EXAM.

23. SIGNATURE S. Rubin & Wells WASH. CO., MD.M. D. of Hagerstown Md. date signed Nov. 12/46

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1-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 822

CERTIFICATE OF DEATH

11349

Reg. Dist. No. 3010

1. PLACE OF DEATH: Washington County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: Tilghmanton, Maryland How long in hospital or institution?.....			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Washington City or town..... Tilghmanton (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....		
3. (a) FULL NAME Julia Levania Davis			3. (b) Social Security Number None		
4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married			
6. (b) Name of husband or wife Edward L. Davis			6. (c) If alive, give age 81		
7. Birth date of deceased (mo., day, yr.) September 6, 1866					
8. AGE: Years 80 Months 2 Days 17 If less than one day hrs. min.	9. Birthplace Tilghmanton, Wash. Co. Md. (Town, county, and state)				
10. Usual occupation Housewife					
11. Industry or business					
MOTHER FATHER	12. Name Joseph Rohrer				
	13. Birthplace Tilghmanton, Maryland				
	14. Maiden name Susan Palmer				
15. Birthplace Tilghmanton, Maryland					
16. Informant Charles W. Davis Address Tilghmanton, Maryland					
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-27-46 (month) (day) (year) Cemetery or crematory Manor Cemetery Location Tilghmanton, Maryland C. M. Suter & Sons Address Hagerstown, Maryland					
18. Funeral director Address Hagerstown, Maryland					
19. (Date rec'd by registrar) Nov 26 46 E. Lee M. Blay Registrar					
MEDICAL CERTIFICATION 20. DATE OF DEATH Nov 23 1946 at 7 P. M.					
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13 1946 to Nov 23 1946 and that I last saw him alive on Nov 23 1946 Immediate cause of death Coronary Thrombosis Other conditions Epilepsy Duration 10 Days					
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....					
23. SIGNATURE R. F. Young M. D. or other Address Williamsport, Pa. Date signed 11/25/46					

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NOV 27 1946

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467 ✓

CERTIFICATE OF DEATH

Reg. Diat. No. 11350 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 70 yrs.
 Hospital, institution, or street address where death occurred:
322 W. Wilson Blvd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 322 W. Wilson Blvd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war Non - 8th

3. (a) FULL NAME

IDA H. DOWNIN

3. (b) Social Security Number

219-20-2933

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Charles Frederick7. Birth date of deceased (mo., day, yr.) Feb. 22, 18768. AGE: Years 70 Months 8 Days 14 It less than one day hrs. min.9. Birthplace Hagerstown, Washington, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Conrad Burger13. Birthplace Germany14. Maiden name Dorothea Kalbskopf15. Birthplace Germany16. Informant Elizabeth Downin BittingerAddress 322 W. Wilson Blvd.17. Burial Date thereof Nov. 8, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Rose HillLocation Hagerstown, Md.18. Funeral director W. J. NormantAddress Hagerstown, Md.19. Nov 7, 46 Registrar W. J. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 6 - 1946 at 1 P. M.21. I CERTIFY the death occurred on the date above stated; that I attended deceased from Oct 1 - 46 to Nov 6 - 1946 and that I last saw him alive on Nov 4 - 46 19Immediate cause of death CarcinomaDue to StomachDue to Stomach

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

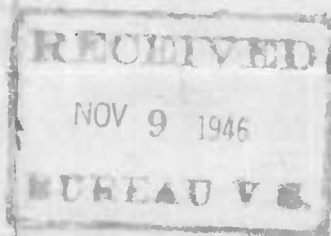
23. SIGNATURE J. F. W. Orth M. D. or otherAddress Hagerstown, Md. Date signed 11/7/46

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1084



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Dr. E. W. Riddle Jr.
215 W. Chalmers

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460 ✓

CERTIFICATE OF DEATH

Dr. Ditto

11351

Reg. Diat. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
IN CORPORATE LIMITS

City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 501 South Potomac Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Mabel Dale Earley

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Charles6. (c) If alive, give age 87 years7. Birth date of deceased (mo., day, yr.) November 6 1881

8. AGE: Years Months Days If less than one day
65 0 9 hrs. min.

9. Birthplace Sharpsburg Wash. Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Josiah Rohr13. Birthplace Boonsboro Md.14. Maiden name Lila V. Smith15. Birthplace Sharpsburg Md.16. Informant Mrs Myra KefauverAddress Hagerstown Md.17. Burial Date thereof 11/19/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Nov. 18. 46 Health Board
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1946, at 7 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20, 46 to Nov 15, 46and that I last saw him alive on Nov 15 - 46

Immediate cause of death

DURATION

CarcinomaDue to Cervix 23 mm

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

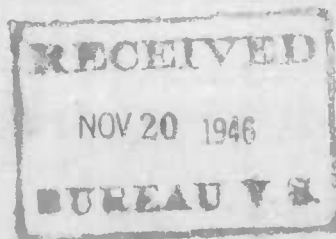
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Ditto M. D. or otherAddress Hagerstown Md. Date signed 11/16/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 433 Salem Avenue

(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Mary E. Eyler

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Samuel T. Eyler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1881

8. AGE:

Years

65

Months

5

Days

1

If less than one day

hrs. min.

9. Birthplace Detour, Md.

(Town, county, and state)

10. Usual occupation housework

11. Industry or business

12. Name Chas. E. Stambaugh13. Birthplace Md.14. Maiden name unknown

15. Birthplace

16. Informant Mrs. Margaret RichardsonAddress 433 Salem Avenue, Hagerstown, Md.17. Burial Date thereof Nov. 16, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill CemeteryLocation Near Woodsboro, Md.18. Funeral director C. O. Fuss & SonAddress Taneytown, Md.19. Nov. 14 46 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1946, at 6:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16 1946, toand that I last saw her alive on Nov. 9 1946

Immediate cause of death

DURATION

Coronary Stenosis 10 d.Due to C. hr. Myocarditis 2 yrsDue to Calcular Thyroid 10 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Richard Wells M.D.

Hagerstown, Md.

Date signed 11/12/46

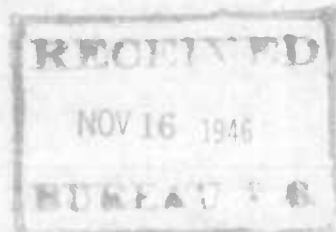
MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11352

68



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18601

CERTIFICATE OF DEATH

Dr, Ditto



Reg. Dist. No. 113530

1. PLACE OF DEATH:

Country Washington
 City or town Hagerstown R# 4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Broadfording Road
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R#4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Broadfording Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS. LOUISE JOHNSON FLOCK

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Daniel W.
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) June 14, 1873
 8. AGE: Years 74 Months 4 Days 24 If less than one day -- hrs. -- min.

9. Birthplace Rockdale Washington Co., Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home

12. Name Richard Johnson
 13. Birthplace Rockdale, Maryland
 14. Maiden name Sarah Ditto
 15. Birthplace Rockdale, Maryland.

16. Informant Paul Flock
 Address Hagerstown R#

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/11/46
 (month) (day) (year)
 Cemetery or crematory Long Meadows Cemetary
 Location Near Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Nov. 10 19 46 Chas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 19 46 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 - 46 to Nov 8 - 46
 and that I last saw him alive on Nov 1 - 46 19 46

Immediate cause of death

DURATION

Ch. Myocarditis 6 yrs
 Due to Chronic Hypertension; Accidental fall; stroke

Due to Chronic Hypertension; Accidental fall; stroke
crossed

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of about Oct 20, 1946

Where did injury occur? Hagerstown Washington Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury Accidental fall Injured at work?

23. SIGNATURE Dr. Ditto M. D. or otherAddress Hagerstown Date signed 11/9/46

JUL 13 1946
BUREAU V.B.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Dr. Bell - Wells 74

11354

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WashingtonCity or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

Chestnut StreetHow long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Chestnut Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

RAYMOND CHARLES GIMPLE

3. (b) Social Security Number

174-01-3965

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Belle E. Gimple6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) December 27, 1887

8. AGE:

58

Years

Months

11

Days

18

If less than one day

-- hrs. -- min.9. Birthplace Chewsville Washington Co. Md.
(Town, county, and state)10. Usual occupation Painter11. Industry or business --12. Name John Gimple13. Birthplace Funkstown Md.14. Maiden name Margaret Rhoenizer15. Birthplace Rocky Ridge Md.16. Informant Mrs. Belle GimpleAddress Funkstown Md.17. Burial Date thereof 11/18/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Nov. 18, 1946 Chas. H. Broward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1946 at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 15, 1946 to Nov. 15, 1946and that I last saw him immediately only after death

Immediate cause of death

Acute coronary occlusion sudden death

DURATION

death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

No operations

Autopsy results

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Bue

M. D.

Address Hagerstown, Md. Date signed 11/16/46

RECEIVED

NOV 20, 1946

BUREAU V B.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

CERTIFICATE OF DEATH

Reg. Dist. No. 803

1. PLACE OF DEATH:

County Washington
 City or town Clearspring Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Seven Days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hancock, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(c) If veteran, name war _____

3. (a) FULL NAME

Nancie Gladhill

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Harvey Gladhill
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug. 24 1881
 8. AGE: Years 65 Months 2 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Washington Co.
 (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

12. Name Not Known

13. Birthplace ;; ;;

14. Maiden name Elizabeth Baker

15. Birthplace Washington Co.

16. Informant Mrs. Leo Younker

Address Clearspring, Rural

17. Burial Burial Date thereof Nov. 4 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Orchard Ridge Church Of God

Location Near Hancock Md.

18. Funeral director Snyder- Rowland

Address Hancock, Md.

19. Nov 3 19 46 Joseph W Murray Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 19 46 at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 19 46 to Nov 1 19 46
 and that I last saw him alive on Oct 31 19 46

Immediate cause of death Chr. Endo carditis DURATION 2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE David P. Brewer M. D. or other _____

Address Clear Spring Md Date signed 11/3/46

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NOV 14 1946

RECEIVED

2-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH



Reg. Dist. No. 3030

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Months
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 5 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 264 Hager St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Harry Gluck

3. (b) Social Security Number

214-10-0303

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Naomi
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) March 10 1870
 8. AGE: Years 76 Months 8 Day 11 If less than one day - hr. - min.

9. Birthplace Marks Franklin Co. Md.
 (Town, county, and state)
 10. Usual occupation Salesman
 11. Industry or business D.A. Stickell & Son

FATHER 12. Name Henry Gluck
 13. Birthplace Germany
 MOTHER 14. Maiden name Anna Mans
 15. Birthplace Germany

16. Informant Mrs. Blanche Maugans
 Address Maugansville Md.

17. Burial Burial Date thereof 11/24/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cedar Hill Cemetery
Greencastle Pa.
 Location Andrew K. Coffman

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Nov 23, 46 Shirley Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 19 46, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 19 46 to Nov 21 19 46
 and that I last saw him alive on Nov 21 19 46

Immediate cause of death Coronary Thrombosis
Cerebral Thrombosis

DURATION

6/29/46
7/12/46

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Manner of injury - Injured at work? -

23. SIGNATURE H. H. Porterfield M.D. M. D. or other

Address 136 W Washington Date signed 11/28/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 26 1945

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 113520

1. PLACE OF DEATH
County Wash
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 days
Hospital, institution, or street address where death occurred: Washington Co Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Woodsville, Wash. Co. Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME
Effie. Lucie Haynes.
4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife none.
7. Birth date of deceased (mo., day, yr.) 2-23-1875
6.(c) If alive, give age. years

3. (b) Social Security Number
none.

8. AGE: Years 71 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace near Leitersburg Md
(Town, county, and state)

10. Usual occupation House Keeping

11. Industry or business

12. Name Louise Whitmer

13. Birthplace near Leesburg Md

14. Maiden name Martha. Leach.

15. Birthplace near Leitersburg Md

16. Informant Mya Beradene. Rudy.

Address Smithsburg Md. R.F.D.

17. Burial (Burial, cremation, or other) Burial Date thereof 11-4-1946
(month) (day) (year)

Cemetery or crematory Leitersburg Cemetery

Location Leitersburg Wash. Co. Md

18. Funeral director Laiz B. Hoover.

Address Smithsburg Md

19. Date rec'd by registrar Nov. 2, 46 Registrar J. Black Howard

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 19 46 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 19 46 to November 2 19 46
and that I last saw her alive on November 1 19 46

Immediate cause of death

Uremia

Due to Renal Impaction

Chronic interstitial nephritis.

Due to Duration ten years. C.V.D.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G.W. Wray M.D. M. D. or other

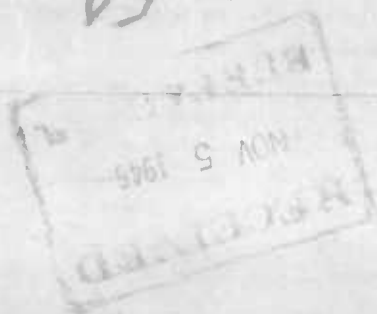
Address Bonnslow - Date signed Nov. 7, 46

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

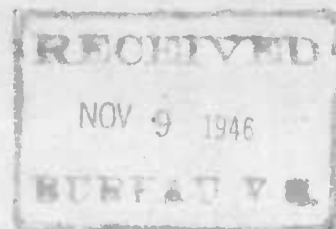
2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH

Reg. Dist. No.

1135802

1. PLACE OF DEATH: County <u>Washington</u> City or town <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>20 years</u> Hospital, institution, or street address where death occurred: <u>111 S. Foundry Street</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>11 South Foundry Street</u> (If rural, give LOCATION) 2. (a) If veteran, name war			
3. (a) FULL NAME <u>Effie Irene Heiston</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION	
6. (b) Name of husband or wife <u>Elby Heiston</u>				20. DATE OF DEATH <u>Nov 6 46</u> at <u>9:46</u> AM			
6. (c) If alive, give age <u>65</u> years				21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from <u>46</u> to <u>46</u> and that I last saw him <u>alive</u> on <u>Nov 6 46</u>			
7. Birth date of deceased (mo., day, yr.) <u>February 28, 1881</u>				Immediate cause of death <u>Sarcinoma of cervix</u>			
8. AGE: Years <u>65</u>		Months <u>8</u>		Days <u>9</u>		It less than one day hrs. min.	
9. Birthplace <u>Tilghmanton, Wash. Co. Md.</u> (Town, county, and state)				DURATION <u>1 yr</u>			
10. Usual occupation <u>Housewife</u>				Due to <u>Germany</u>			
11. Industry or business <u>Simon Kendall</u>				Due to			
FATHER 12. Name <u>Simon Kendall</u>		13. Birthplace <u>Funkstown, Maryland</u>		Other conditions			
MOTHER 14. Maiden name <u>Katherine Smith</u>		15. Birthplace <u>Tilghmanton, Maryland</u>		(Include pregnancy within 3 months of death)			
16. Informant <u>Mr. Elby Heiston</u> Address <u>Hagerstown, Maryland</u>				Major findings of operations			
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>11-9-46</u> (month) (day) (year) Cemetery or crematory <u>Benevola Cemetery</u> Location <u>Benevola, Maryland</u>				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
18. Funeral director <u>C. M. Suter & Sons</u> Address <u>Hagerstown, Maryland</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of			
19. (Date rec'd by registrar) <u>November 7, 1946</u> <u>Charles Bowers</u> Registrar				Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
23. SIGNATURE <u>Hagerstown, Md.</u> Address: <u>Hagerstown, Md.</u> Date signed:							



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9450

CERTIFICATE OF DEATH

Reg. Dist. No. 3000

1. PLACE OF DEATH: County..... <u>Washington</u> City or town..... <u>Sharpsburg Md. RFD #1</u> <small>(If outside city or town limits, write RURAL and give nearest town)</small> How long in above place of death?..... <u>48 yrs</u> Hospital, institution, or street address where death occurred: <u>Sharpsburg RFD #1 Md.</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: <small>(For newborn infants give residence of mother)</small> State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Sharpsburg Md. RFD #1</u> <small>(If outside city or town limits, write RURAL and give nearest town)</small> Street No..... <u>Sharpsburg Md. RFD #1</u> <small>(If rural, give LOCATION)</small> None 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Admiral Dewey Henson</u>				3. (b) Social Security Number <u>#213-16-0126</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Divorced</u>		MEDICAL CERTIFICATION 2D. DATE OF DEATH <u>Nov. 3</u> 19 <u>46</u> , at <u>1A</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from19....., to19..... and that I last saw h..... alive on19..... Immediate cause of death..... Due to..... Due to..... Other conditions..... <small>(Include pregnancy within 3 months of death)</small> Major findings of operations..... Date of op..... Autopsy results..... <u>No</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... <u>NO</u> Date of Where did injury occur?..... <small>(City or town) (County) (State)</small> Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... 23. SIGNATURE Address..... Date signed.....	
B. (b) Name of husband or wife <u>Edan Stoner</u> <u>(divorced)</u> 6. (c) If alive, give age years							
7. Birth date of deceased (mo., day, yr.) <u>Jan. 15 1898</u>							
8. AGE: Years..... <u>48</u> Months..... <u>9</u> Days..... <u>19</u> If less than one day..... hrs. min.							
9. Birthplace <u>Sharpsburg Md. RFD</u> <small>(town, county, and state)</small>							
10. Usual occupation <u>Laborer</u>							
11. Industry or business <u>Farm - Hagerstown Rubber Co.</u>							
FATHER		12. Name <u>Thomas C Henson</u>					
MOTHER		13. Birthplace <u>Sharpsburg Md. RFD</u>					
		14. Maiden name <u>Kate Shiply</u>					
		15. Birthplace <u>Sharpsburg Md</u>					
16. Informant <u>Mr. Harry Henson (brother)</u> Address..... <u>Sharpsburg Md. RFD #1 Dam #4</u>							
Burial <u>Nov. 6 1946</u> <small>(Burial, cremation, or removal. Which?) (month) (day) (year)</small> Cemetery or crematory..... <u>Bakersville Cemetery</u> <u>Bakersville Md.</u> Location.....							
18. Funeral director <u>Edith V. Leaf</u> Address..... <u>#7 Church St. Williamsport, Md.</u>							
11-6 46 <u>E. J. Payne</u> (Date rec'd by registrar) 19..... Registrar							

RECEIVED
DEC 5 1946
B-HEADYB

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (748)

CERTIFICATE OF DEATH

★ 11360 3020
Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution or street address where death occurred: Washington County Hospital
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 747 Guilford Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war WORLD WAR I

3. (a) FULL NAME

DR. WILLIAM GRIM HORST

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Anna Newcomer Horst 6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) January 26, 1897

8. AGE: Years 49 Months 9 Days 12 It less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Washington, Md.
(Town, county, and state)

10. Usual occupation Dentist

11. Industry or business Dental Office

12. Name John H. Horst

13. Birthplace Hagerstown, Md.

14. Maiden name Mary Ann Grim

15. Birthplace Brownsville, Md.

16. Informant Anna Newcomer Horst

Address 747 Guilford Ave

17. Burial Date thereof Nov. 10, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bakersville Cemetery

Location Bakersville, Maryland

18. Funeral director W. J. Nohment

Address Hagerstown Md.

19. Nov 9 46 Registrar Chas H. Bowers
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 19 46, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 19 46 to Nov 8 19 46 and that I last saw him alive on Nov 8 19 46

Immediate cause of death Coronary Thrombosis DURATION 10/24/46

Due to Hypertension 2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. S. Porterfield M.D. M. D. or other _____

Address 136 W Washington Date signed 11/9/46

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. H. L. Porterfield
136 W. Washington St.

NOV 13 1945

RECEIVED

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

Dr. Layman

11458

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Washington county HospitalHow long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 861 Virginia Ave

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Linda Lou Hutchison

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

---6. (c) If alive, give age. --- years

7. Birth date of deceased (mo., day, yr.)

October 23 1946

8. AGE:

Years

Months

Days

If less than one day

14

hrs. min.

9. Birthplace

Hagerstown Wash. co. Md.

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

Melvin Ritz

13. Birthplace

Hagerstown Md

MOTHER

14. Maiden name

Jennie Hutchison

15. Birthplace

Birmingham Ala.

16. Informant

Jennie Hutchison

Address

Hagerstown Md.

17.

Burial

Date thereof

11/11/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Nov. 11, 46

19

Chas. Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1946 19 46, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 Oct 19 46 to 7 Nov 19 46and that I last saw her alive on 6 Nov 19 46

Immediate cause of death

Prematurity

DURATION

2 wks

Due to

Immediate spontaneousbirth cause undetermined

Due to

Other conditions

Endarteritis, mild6 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ---

Autopsy results

No significant findings

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. Layman, M.D.

M. D. or other

Address

100 Professional Arts Bldg
700 Baltimore AveDate signed 9 Nov 46

RECEIVED
NOV 13 1955
BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11361020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

516 S. Tamm Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 516 S. Tamm Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Helen Michael Johnston

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Francis A. Johnston

7. Birth date of

deceased (mo., day, yr.)

Mar. 30, 1911

8. AGE:

Years

Months

Days

If less than one day

35

hrs.

min.

9. Birthplace

Frederick, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Acute nembutal poisoning

12. Name

Frederick Co. Md

13. Birthplace

Albetta Rinsburg

14. Maiden name

Frederick Co. Md

15. Birthplace

Paul S. Michael

16. Informant

Frederick Md

17. Burial

(Burial, cremation, or other)

Frederick Md

18. Funeral director

Frederick Md

19. Date rec'd by registrar

Nov. 10, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 19 46 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46, to 19 46and that I last saw him alive on 19 46

Immediate cause of death

acute nembutal poisoning
(about 22 1/2 grs.)

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of Nov. 10, 1946

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

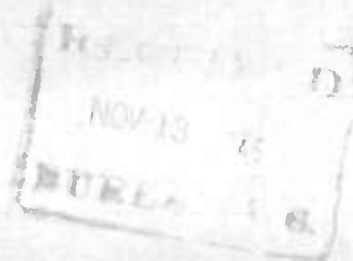
23. SIGNATURE

S. Robert Wells WASH. CO., MD.
M. D. RegistrarAddress Hagerstown, Md Date signed Nov. 10, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 55 Years

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 3 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 255 Fredrick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Esther Kaplan

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE:

Years

Months

Days

If less than one day

63

hrs. min.

9. Birthplace Russia

(Town, county, and state)

10. Usual occupation

11. Industry or business Prop. Clothing Store12. Name Leviv Kaplan13. Birthplace Russia14. Maiden name Mary Koppel15. Birthplace Russia16. Informant Joseph LyonAddress Hagerstown, Md.17. Burial Date thereof Nov. 22, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hebrew CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. Nov. 25, 46 Registrar Chas. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1946 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23, 1946 to Nov. 21, 1946 and that I last saw her alive on Nov. 21, 1946Immediate cause of death Carcinoma Breast - left
Metastatic Carcinoma - lung, bone

DURATION

6 yrs2 yrs.

Due to

Due to

Other conditions Fracture, Rt. Femur, pathological 3 mo.

(Include pregnancy within 8 months of death)

Major findings of operations Breast - left - Carcinoma 1940

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. Bowers M. D. or otherAddress 1544 Washington St. Date signed Nov 22/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1946

BUREAU V. S.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-3

CERTIFICATE OF DEATH

Reg. Dist. No. 11363
3040

1. PLACE OF DEATH:

County... WashingtonCity or town... Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County...City or town... BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)Street No. 330 S. FRANKLINTOWN ROAD
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Joseph Stanley Kurtz

3. (b) Social Security Number

216-18-9140

4. Sex <u>MALE</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>MARRIED</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife... Gladys T. Kurtz7. Birth date of deceased (mo., day, yr.) April 8-1923

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>7</u>	<u>5</u>	hrs. min.

9. Birthplace... BALTIMORE MD
(Town, county, and state)10. Usual occupation... CHAUFFEUR11. Industry or business... CITY EXPRESS CO12. Name... CLAUDE KURTZ13. Birthplace... BALTIMORE MD14. Maiden name... ANNIE HINES15. Birthplace... BALTIMORE MD16. Informant... Gladys T. KurtzAddress... 330 S. FRANKLINTOWN RD17. BURIAL Date thereof... Nov 18-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... LODGE PARKLocation... BALTO MD18. Funeral director... Robt Cr B. M. WaltersAddress... Pratt Stricker Sts19. K-15 KC Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION about

20. DATE OF DEATH... Nov/ 13 1946 AP 2:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him... alive on... 19... to... 19...

Immediate cause of death...

fractured cervical vertebraDue to... (closed)Fractured sternum (closed)Due to... internal hemorrhages

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Autopsy results... No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... accident Date of... Nov. 13 '46Where did injury occur... Hancock Wash. Md. (City or town) (State)Injured at home, farm, industry, public place (where?) US 440 West Side of Sidling HillMeans of injury... driving truck & ran off road (yes)23. SIGNATURE... J. R. Wells DEPUTY MEDICAL EXAM.Address... Hagerstown, Md. WASH. CO., MD.Date signed... Nov. 13/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

11364

Reg. Dist. No. 3020

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Months
 Hospital, institution, or street address where death occurred:
42 Broadway Avenue
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 42 Broadway Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war ---

3. (a) FULL NAME MRS. GERTRUDE MCCARTNEY LEWIS
 3. (b) Social Security Number None

4. Sex Female
 5. Color or race White
 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Charles E. Lewis

6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) October 5, 1872

8. AGE: Years 70 Months 1 Days 18 If less than one day --- hrs. --- min.

9. Birthplace Avilla Noble Co. Indiana
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James McCartney

13. Birthplace Avilla Indiana

14. Maiden name Jane Bushong

15. Birthplace Avilla Indiana

16. Informant Mrs. Ralph Wyand

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) 11/26/46
 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov. 26. 46 (Date rec'd by registrar)
Blair H. Bowser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1946 at 7:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19, 46 to Nov 23, 46
 and that I last saw him alive on November 23, 46

Immediate cause of death Hypertensive cardiovascular renal disease.
 DURATION 18 years

Due to ---

Due to ---

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Date of op. ---

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ra Bell M. D. ---

Address Hagerstown Md. Date signed 11/26/46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 29 1946
BUREAU 78.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Dr. Wells

11365

Reg. Dist. No. 8020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? ---

Hospital, institution, or street address where death occurred:

City Limits of HagerstownHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown R # 2
(If outside city or town limits, write RURAL and give nearest town)Street No. Huyetts Cross Roads

(If rural, give LOCATION)

None2.(a) If veteran, name war ---

3. (a) FULL NAME

NIKOLAI LIBEDEVSKI

3. (b) Social Security Number

212-24-30644. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife ---6. (c) If alive, give age --- years7. Birth date of deceased (mo., day, yr.) January 27 18858. AGE: Year 61 Months 9 Days 12 If less than one day --- hrs. --- min.9. Birthplace Poland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Cushwas Coal Co12. Name No Record13. Birthplace No Record14. Maiden name No Record15. Birthplace Non Record16. Informant Miss Bessie SprecherAddress Hagerstown Md. R # 217. Burial Date thereof 11/13/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Nov. 12, 46 W. H. Bowser
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1946 19 46, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

--- 19 ---, to --- 19 ---and that I last saw him --- alive on --- 19 ---Immediate cause of death Multiple fractures of skullFracture of right tibia andfibula (closed)Due to Fracture of pelvis (closed)Due to ---Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. ---Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident Date of 11/9/46Where did injury occur? Huyetts Wash. Md.
(County) (State)Cross Roads HighwayInjured at home, farm, industry, public place (where?) ---Means of injury Struck by auto Injured at work? No23. SIGNATURE Dr. Robert Wells DEPUTY MEDICAL EXAM.Hagerstown, Md. WASH. CO., MD.Address --- Date signed 11/12/46

RECEIVED

NOV 14 1946

BUREAU V.G.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Dr. Bell

11366

Reg. Dist. No. 3030

1. PLACE OF DEATH:

County Washington
 City or town Rural Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 Years
 Hospital, institution, or street address where death occurred:
Hagerstown R#4 Clearfoss Pike
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hagerstown R#4 Clearfoss Pike
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

MISS IDA MAY LOWMAN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) December 25, 1880 6. (c) If alive, give age --- years

8. AGE: Years 85 Months 11 Days 3 It less than one day --- hrs. --- min.

9. Birthplace Fairplay Washington Co., Md.
 (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business Retired

12. Name Harry Jacob Lowman

13. Birthplace Fairplay Md.

14. Maiden name No Record

15. Birthplace No Record

16. Informant Miss E. R. Miswander

Address Hagerstown R#4 Md.

17. Burial Date thereof 12/3/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec. 2, 46 Beasth Boovers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 46 10:30 P

21. I CERTIFY that death occurred on the date above elated: that I attended deceased from November 7, 1946 to Nov. 7, 1946
 and that I last saw him alive on November 7, 1946

Immediate cause of death Hypertensive cardiovascular disease

Due to Arteriosclerosis

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE R. Bee

Address Hagerstown Md. Date signed 11/30/46

7

RECEIVED

DEC 4 1946

BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Wca*

CERTIFICATE OF DEATH

★ 11367
Reg. Dist. No. *8020*

1. PLACE OF DEATH:

County *Washington*
 City or town *Hagerstown and*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *4 days*
 Hospital, institution, or street address where death occurred:
Washington Geo Hospital
 How long in hospital or institution? *4 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Maryland* County *Washington*
 City or town *Near Chambersville and*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *none*
 (If rural, give LOCATION)
 2. (a) If veteran, name war *none*

3. (a) FULL NAME

Effie B. Lung

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Luther Lung

7. Birth date of deceased (mo., day, yr.)

11-16-1889

6. (c) If alive, give age

60 years

8. AGE:

Years	Months	Days	If less than one day
<i>57</i>	<i>9</i>	<i>24</i>	<i>-</i> hrs. <i>-</i> min.

9. Birthplace

Near Benavilla
(Town, county, and state)

10. Usual occupation

Home Keeping

11. Industry or business

Harvey H. Martz

12. Name

Shanghs. J

13. Birthplace

Lara. Longuecher

14. Maiden name

Garysburg and

15. Birthplace

Luther Lung

16. Informant

Hagerstown and

17. Burial

Burial Date thereof *11-8-1946*
(Burial, cremation, or removal, which?) (month) (day) (year)

18. Cemetery or crematory

Rest Haven Cemetery

19. Location

Hagerstown and

20. Funeral director

Rae B. Hoover

21. Address

Smithsburg and

MEDICAL CERTIFICATION

2D. DATE OF DEATH *November 5* 19*46*, at *7 A* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov. 1* 19*46* to *Nov. 5* 19*46* and that I last saw her alive on *Nov. 5* 19*46*

Immediate cause of death

legranulocytosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. H. W. M. D.
Address *Boonsboro* Date signed *11/5/46*

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 7 1946
BUREAU VS

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11368

Reg. Dist. No.

3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
481 North Potomac Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 481 North Potomac Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary E. Meginniss

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Robert T. Meginniss

7. Birth date of deceased (mo., day, yr.) September 21, 1869
 6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 1 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housework11. Industry or business Own Home

12. Name Charles E. Roach
 13. Birthplace Baltimore, Maryland

14. Maiden name Alice V. Rowland
 15. Birthplace Clearspring, Maryland

16. Informant Mrs. Elizabeth Spillman
 Address Hagerstown, Maryland

17. Burial 11-12-46
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Nov. 13, 46 Chas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH nov 9 19 46 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 19 39 to nov 9 19 46
 and that I last saw him alive on nov 9 19 46

Immediate cause of death Carcinoma Left Breast
Carcinoma Left ovary

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porter field M.D. M. D. or other

Address 136 W. Washington Date signed 11/12/46

RECEIVED

NOV 14 1946

MURRAY V. G.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Dr. Lusty

Reg. Dist. No. 303 0

11369

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year
 Hospital, institution, or street address where death occurred:
318 McDowell
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 318 McDowell
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

MRS. MARY ALMEDA NEAL

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Stausbury L. Neal6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) November 11, 1878

8. AGE: Years 68 Months 0 Days 15 If less than one day
 --- hrs. --- min.

8. Birthplace Clearspring Washington Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name John H. Kuhn13. Birthplace Clearspring Md.14. Maiden name Susan G. Perrell15. Birthplace Marlowe West Virginia16. Informant Stausbury L. NealAddress Hagerstown Md.17. Burial Date thereof 11/29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory River View CemeteryLocation Williamsport Md.18. Funeral director Andrew K. CoffranAddress Hagerstown Md.19. Nov. 29. 46 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1946 at 11:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
20 March 1946 to 26 Nov 1946
 and that I last saw her alive on 26 Nov 1946

Immediate cause of death Arterio-sclerotic Heart Disease DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Inf

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. Lusty M. D. John H. KuhnAddress 2307 K. Brown Date signed 27 Nov 46



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 11370 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
131 Blooms Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 131 Blooms Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Susan Jane Phoenix

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 1, 1884 6. (c) If alive, give age..... years

8. AGE: Years 62 Months 5 Days 15 If less than one day..... hrs. min.

9. Birthplace Hedgesville W. Va.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name William Phoenix

13. Birthplace

14. Maiden name Catherine Johnson15. Birthplace Hedgesville, W. Va.16. Informant Frank CantlawAddress 181 Berkson Avenue17. Burial Date thereof 11/19-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director William H. DowneyAddress 997 Frederick St. Hagerstown19. Nov. 19, 46 Registrar Chas. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1946 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Jan 1, 1944 to 11/16 1946
 and that I last saw him alive on 11/15 1946

Immediate cause of death Cardio-Renal Dim.

Arterio-Sclerosis DURATION ?

Due to

Due to

Other conditions 0

(Include pregnancy within 8 months of death)

Major findings of operations 0

Date of op.

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE V. E. Miller M. D. or otherAddress 131 W. WASHINGTON, ST. Date signed 11/17/46

HAGERSTOWN, MD.

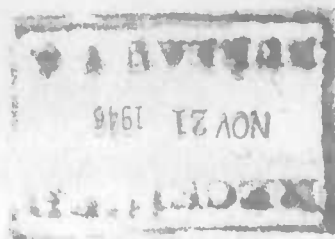
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

25-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

Dr. Wells

81

Reg. Dist. No. 1137130

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Hours
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 7 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 158 South Prospect Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War #2 (5)

3. (a) FULL NAME

WILLIAM LE ROY PIPER

3. (b) Social Security Number

705-10-5608

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Elaine
 6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) April 26, 1914

8. AGE: Years 32 Months 6 Days 28 If less than one day --- hrs. --- min.

9. Birthplace Salem Salem Co. New Jersey
 (Town, county, and state)

10. Usual occupation Registrar

11. Industry or business Western Maryland Railway

FATHER 12. Name Glenn Le Roy Piper
 13. Birthplace Saxton Penna.

MOTHER 14. Maiden name Irene Tower
 15. Birthplace Butlington New Jersey

16. Informant Irene Piper
 Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/27/46
 (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Nov. 26, 46 Glenn H. Roovers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 46, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Multiple open fractures of DURATION

Rt. & left tibias & fibulae
closed fracture rt femur
Hemorrhage & shock

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Nov 24/46
 Accident, suicide, or homicide Accident Date of Nov 24/46

Where did injury occur Hagerstown Wash Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Field N. of City

Means of injury Plane crash Injured at work? No

S. Robert Wells DEPUTY MEDICAL EXAM.
 WASH. CO., MD.

23. SIGNATURE S. Robert Wells M. D., Nov 25/46
 Address Hagerstown, Md. Date signed 11/25/46

RECEIVED
NOV 29 1946
BUREAU F.B.I.

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

23 West Washington Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 23 West Washington Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Katie Heil Rauth

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Charles W. Rauth

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

April 5, 1864

8. AGE:

Years

Months

Days

If less than one day

82

7

4

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Own Home

FATHER

12. Name

Albert Heil

13. Birthplace

Germany

MOTHER

14. Maiden name

Caroline Bloomnauer

15. Birthplace

Funkstown, Maryland

16. Informant

Mrs. Garland Groh

Address

Hagerstown, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

11-14-46

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19.

(Date rec'd by registrar)

19 46

G. S. Sowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 Nov 19 46 at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 April

19 46

to 12 Nov

19 46

and that I last saw h. or alive on 11 Nov

19 46

Immediate cause of death

Carcinoma Transverse Colon

DURATION

1 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12 Nov 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11372

66



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

Bower Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Bower Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mr. James Truman Richards

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

B.(a) Single, married, widowed, or divorced

WidowedB.(b) Name of husband or wife Dora Harlow Richards
deceased

B.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) Oct. 24 1860

8. AGE:

Years

Months

Days

If less than one day

868

.....hrs.min.

9. Birthplace Spotsylvania Co., Va.
(Town, county, and state)10. Usual occupation Supt. of Canal (retired.)11. Industry or business C & O Canal

FATHER

12. Name Robert Richards13. Birthplace Va.

MOTHER

14. Maiden name Catherine Overton15. Birthplace Va.16. Informant Mrs. Harvey Bell (daughter.)Address Bower Ave. WilliamsportBurial17. (Burial, cremation, or removal. Which?) Date thereof Oct. 3 1946
(month) (day) (year)Cemetery or crematory Greenlawn Cemetery
Williamsport, Maryland

Location

18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Nov. 10 1946
(Date rec'd by registrar)E. L. McElroy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1946 at 9:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1946 to Nov. 1 1946and that I last saw him alive on Nov. 1 1946

Immediate cause of death.....

DURATION

Miscellaneous Chronic 3 yrs.Due to Chronic pulmonary 3 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please notefice the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

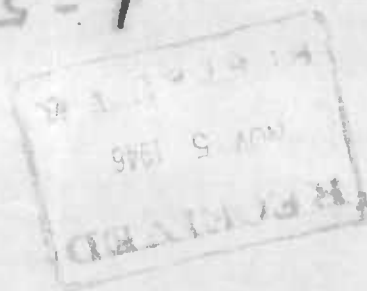
Injured at home, farm, industry, public place (where?)

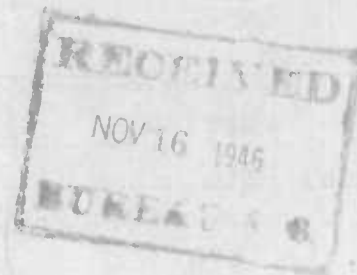
Means of injury

Injured at work?

23. SIGNATURE Jim [Signature] M. D. or otherAddress Williamsport Md. Date signed 11-1-46

1-50





1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

Dr. Wells 11375

Reg. Dist. No. 3010

1. PLACE OF DEATH:

County Washington
 City or town Downsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
Downsville pike
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Downsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Downsville pike
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

Daniel Webster Scott

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Mollie
 6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) February 10 1866
 8. AGE: Years 80 Months 9 Days 13 If less than one day --- hrs. --- min.

9. Birthplace Downsville Wash. co. Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name John Scott

13. Birthplace Zullinger Pa.

14. Maiden name Rose Smith

15. Birthplace Downsville Md.

18. Informant Keller Scott

Address Sharpsburg Md.

17. Burial Date thereof 11/26/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dunkard cemetery

Location Beaver creek Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov. 26, 46 E Lee McElroy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 23 1946 19 23 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death chr. myocarditis DURATION 5yrs

Due to chr. mitral valvular disease 5ys

Due to acute ventricular fibrillation

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations --- Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

DEPUTY MEDICAL EXAMINER S. Robert Wells WASH. CO., MD.

23. SIGNATURE S. Robert Wells M. D. or other ---

Address Hagerstown, Md. Date signed 11/25/46



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1648

CERTIFICATE OF DEATH

11376

Reg. Dist. No. 3010

1. PLACE OF DEATH:

County Washington
City or town St. James Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town St. James
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Grace Gertrude Shank

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Benjamin Shank

7. Birth date of deceased (mo., day, yr.) Sept. 22 1893

8. AGE: Years 53 Months 1 Days 22 If less than one day
hrs. min.

9. Birthplace Sharpsburg Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business home

12. Name Clinton Houser

13. Birthplace Sharpsburg Md

14. Maiden name Ada Mose

15. Birthplace Sharpsburg Md.

16. Informant Benjamin Shank

Address St James Md

17. burial Date thereof Nov. 16 1946
(Burial, cremation, or removal, which?) (month) (day) (year)
Mountain View

Cemetery or crematory Intervic

Location Sharpsburg Md.

18. Funeral director Edith V. Leaf

Address Williamsport Md

19. Nov. 16 19 46 E. L. McChoy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

About

November 13 46 2 A

20. DATE OF DEATH 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19, and that I last saw h. alive on 19.

Immediate cause of death

Fractured skull
Multiple fractures of upper
and lower extremities

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 11/13/46

Where did injury occur? Near St. James Wash. Md.

N. & W R. R. track near St. James

Injured at home, farm, industry, public place (where?) St. James

Means of injury Walked into path Injured at work? No

of train DEPUTY MEDICAL EXAM.

23. SIGNATURE S. R. Wells WASH. CO., MD.

Address Hagerstown, Md. Date signed Nov. 16/46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 20 1946

BUREAU V L

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

CERTIFICATE OF DEATH

Reg. Dist. No. 11377 3030

36

1. PLACE OF DEATH:
 County Washington
 City or town Clear Spring
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Clear Spring
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Dewitt T. Shifflet

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife

Winney Shifflet

7. Birth date of deceased (mo., day, yr.)

Feb. 15, 1887

8. AGE: Years 59 Months 9 Days 22 It less than one day

9. Birthplace

Page County Virginia

10. Usual occupation

Retired Laborer

11. Industry or business

12. Name

Not Known

13. Birthplace

Not Known

14. Maiden name

Not Known

15. Birthplace

16. Informant

Mrs. Thelma Brady

Address

Clear Spring

17. Burial

Shanktown

Location

Negro Big Pool Snyder. Rowland

18. Funeral director

Address

Clear Spring

19. Nov 10

19 46 Joseph W. Muncy

(Date rec'd by registrar)

20. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 7, 1946 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1, 1946 to Nov. 7, 1946

and that I last saw him alive on Nov. 7, 1946

Immediate cause of death

Acute Cardiac Failure

22. DURATION

Sudden

Due to

Chr. Endocarditis

Due to

Irreducible Inguinal Hernia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

David R. Brewer M.D.

Address

Clear Spring Md.

Date signed

11/8/46

CERTIFICATE OF DEATH

Mr. John
Clear Spring

Mr. John
Clear Spring

Male White Widowed
Winney Street

Feb 15 1887

Retired Laborer
Page County Virginia

RECEIVED
NOV 14 1946
BUREAU

Not known

Not known

Mr. William
Clear Spring

1-50

Clear Spring
Near P.O.
Shanklin

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11378

3060

1. PLACE OF DEATH

County Washington
 City or town Smithsburg md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Smithsburg md
 (If outside city or town limits, write RURAL and give nearest town)

Street No. none
 (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Daniel E. Smith

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mrs. Maggie Smith6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) 6-18-1871

8. AGE:

Years

75

Months

5

Days

6

If less than one day

— hrs. — min.

9. Birthplace

Lantz md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Jahin Smith

13. Birthplace

Lantz md

MOTHER

14. Maiden name

Mollie Bauer

15. Birthplace

Lantz md

16. Informant

Mrs. Maggie Smith

Address

Smithsburg md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Smithsburg md

Location

Smithsburg md

19. Funeral director

Address

Geo. B. Hoover
Smithsburg md19. Nov 18 1946
(Date rec'd by registrar)Geo. H. Ferguson
lowe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 18 1946 12:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1934 1946 to Nov 18 1946and that I last saw him alive on Nov 18 1946

Immediate cause of death

Perforating Ectopic

DURATION

1 day

Due to

myocardial infarction
myotrophic fatality
hypertension10 yrs5 yrs

Other conditions

arterio sclerosis10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. A. Y. Oliver

M. D. or other

Address

Smithsburg

Date signed

11/18/46

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DEC 3 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

Reg. Dist. No. 11379 3020

1. PLACE OF DEATH: Washington
 County Hagerstown, Maryland
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
 123 North Foundry Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 123 North Foundry Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jay Raymond Socks

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 21, 1946
 8. AGE: Years Months Days If less than one day
 1 3 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation
 11. Industry or business

12. Name Jack R. Socks
 13. Birthplace Hagerstown, Maryland
 14. Maiden name Emma J. Clark
 15. Birthplace Hagerstown, Maryland

16. Informant Mr. Jack R. Socks
 Address Hagerstown, Maryland

17. Burial Date thereof 11-30-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
 C. M. Suter & Sons

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Nov 30 46 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 Nov 46 19 at 4 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Nov 46 19 to 28 Nov 46 19
 and that I last saw him alive on 27 Nov 46 19

Immediate cause of death Myocardial Failure
 Due to Bronchial Asthma
 DURATION few hours
 1 day

Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. J. Lusby
 Address 230N Elm
 M. D. 30 Nov 46
 Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

139 W. Bethel Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 139 W. Bethel St.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Arvilla E. Sprecher

3. (b) Social Security Number

None4. Sex Female 5. Color or race White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife David E. Sprecher

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 18828. AGE: Years 64 Months 9 Days 11 If less than 600 day
.....hrs.min.9. Birthplace Missouri
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Gerber13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant David E. SprecherAddress 139 W. Bethel St - Hagerstown, Md.17. Burial Date thereof Nov. 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Long MeadowsLocation Near Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. Date rec'd by registrar November 5, 1946 Registrar Chas. H. Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1946 19..... at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

coronary arteriosclerosis 1 1/2 yrsDue to angina pectoris 1 yrDue to coronary occlusion 3 d

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert & Wells, M.D.Address Hagerstown, Md. Date signed Nov 4/46

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Victor Miller

64

11381

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yearsHospital, institution, or street address where death occurred:
376 South Cleveland AveHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 376 South Cleveland Ave
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

MRS. ALICE FRANCES STOUFFER

3.(b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ira R.6.(c) If alive, give age 53 years7. Birth date of deceased (mo., day, yr.) May 8 1873

8. AGE: Years 73 Months 6 Days 2 If less than one day
hrs.min.

9. Birthplace Walkersville Fred Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name John T. Kain13. Birthplace Walkersville Md.14. Maiden name Barbara Keller15. Birthplace Walkersville Md.16. Informant Ira R. StoufferAddress Hagerstown Md.17. Burial Date thereof 11/13/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Nov. 12 46 Black Flowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1946 at 5 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - - 44 to 11/10 46and that I last saw him alive on 11/10 at 10 46Immediate cause of death Cerebral Hemorrhage DURATION 2-3 yearsDue to arterio-sclerosis

Due to

Other conditions ✓

(Include pregnancy within 8 months of death)

Major findings of operations ✓ Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Miller M. D. or otherAddress Hagerstown Md. Date signed 11/11/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

11459

Reg. Dist. No. 3000

1. PLACE OF DEATH:

County WashingtonCity or town Sharpsburg Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 80 yrs

Hospital, institution, or street address where death occurred:

Sharpsburg Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Sharpsburg Md
(If outside city or town limits, write RURAL and give nearest town)Street No. Sharpsburg Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Emory Swain

3. (b) Social Security Number

220-09-7805

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Nannie Smith SwainB. (c) If alive, give age 76 years7. Birth date of deceased (mo., day, yr.) March 26 18668. AGE: Years Months Days If less than one day
80 8 4hrs.min.9. Birthplace Sharpsburg Maryland
(Town, county, and state)10. Usual occupation Night Watchman11. Industry or business Victor Products Hagerstown12. Name John W. Swain13. Birthplace Sharpsburg Md.14. Maiden name Georganna Brashears15. Birthplace Sharpsburg Md.16. Informant Mrs. Nannie SwainAddress Sharpsburg Md.17. Burial Date thereof Dec. 4 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. View CemeteryLocation Sharpsburg Maryland18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. 12-3 19 46 Edith V. Leaf
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 19 46 at 1:30 P.M.21. I CERTIFY that death occurred on the data above stated; that I attended deceased from about 2 yrs. 19 44 to 1946and that I last saw him alive on Nov. 27, 1946 19 46

Immediate cause of death

Coronary thrombosis.Due to ArteriosclerosisDue to generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Speckly, M.D.Address Sharpsburg, Md. M. D. or otherDate signed 12/3/46

MARGIN RESERVED FOR BINDING

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9-45-19M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 3620

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
1005 Pope Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1005 Pope Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Roy Cleveland Watson

3. (b) Social Security Number

214-09-6878

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

8. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

Feb. 10, 1886

8. AGE:

60

Years

9

Months

4

Days

If less than one day

hrs.

min.

9. Birthplace

Funkstown - Wash. Md.
(Town, county, and state)

10. Usual occupation

Furniture Finisher

11. Industry or business

FATHER

12. Name

John H. Watson

13. Birthplace

Washington Co., Md.

MOTHER

14. Maiden name

Monia Ausherman

15. Birthplace

Frederick Co., Md.

16. Informant

Mrs. H. B. Sampsell

Address

1005 Pope Ave. - Hagerstown, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Nov. 17, 46
(month) (day) (year)

Cemetery or crematory

Funkstown Cemetery

Location

Funkstown, Md.

19. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

18. (Date rec'd by registrar)

Nov 16, 46

19. Registrar

Chapman Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1946 9:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 12, 1946 to Nov 14, 1946and that I last saw him alive on Nov 14, 1946Immediate cause of death Myocardial Infarction DURATION 14 1/2Coronary Artery Disease

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

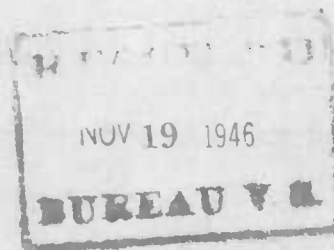
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lidney Hovester MD
M. D. or other MD
Address Funkstown Md Date signed 11-18-46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 282

CERTIFICATE OF DEATH

★ 113830
Reg. Dist. No. 36

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 Hours

Hospital, institution, or street address where death occurred:

Washington County JailHow long in hospital or institution? 24 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 351 Elizabeth Street

(If rural, give LOCATION)

2.(a) If veteran, name war World War #2

3. (a) FULL NAME

EARL GLENWOOD WEAVER

3. (b) Social Security Number

314-09-1969

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Virginia6. (c) If alive, give age 36 years

7. Birth date of

deceased (mo., day, yr.)

August 17, 1908

8. AGE:

Years

Months

Days

If less than one day

36310-- hrs. -- min.9. Birthplace Cleerspring Washington Co., Md.
(Town, county, and state)10. Usual occupation Construction11. Industry or business Neon Signs12. Name Charles Weaver13. Birthplace Shanktown Md.14. Maiden name Mellie Sterling15. Birthplace Indian Springs Md.16. Informant Mrs. Mellie WeaverAddress Hagerstown Md.17. Burial Date thereof 11/30/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Nov. 30, 1946 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 46 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

chr. alcoholismdelirium tremensDue to cerebral edemaDue to acute ventricular fibrillation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. Nov/27/46
Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DEPUTY MEDICAL EXAM.

23. SIGNATURE S. Robert Wells WASH. CO., MD.

M. D. or other

Address Hagerstown, Md. Date signed 11/29/46

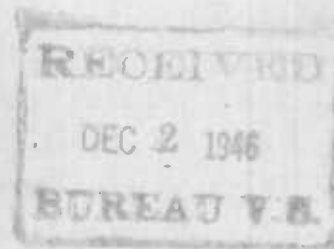
MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 11384 3020

1. PLACE OF DEATH:

County WashingtonCity or town Lagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1.5 yrs.

Hospital, institution, or street address where death occurred:

217 S. Prospect St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WashingtonCity or town Lagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 217 S. Prospect St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles F. Wingert

3. (b) Social Security Number

217-10-26404. Sex M.5. Color or race W.6. (a) Single, married, widowed, or divorced M.6. (b) Name of husband or wife Adria Welty6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Dec. 23, 18788. AGE: Years 67 Months 11 Days 2 If less than one day
..... hrs. min.9. Birthplace Waynesboro Pa.
(Town, county, and state)10. Usual occupation Molder.11. Industry or business Maryland Machine Foundry Inc.12. Name Wm. Wingert

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Mr. Charles F. WingertAddress Lagerstown Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Nov. 27, 1946
(month) (day) (year)Cemetery or crematory Green Hill CemeteryLocation Waynesboro Pa.18. Funeral director Walter G. GroveAddress Waynesboro Pa.19. Nov. 26 19 46 Chas. F. Wingert
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 Nov 19 46 at 1100 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 15 19 46 to 25 Nov 19 46
and that I last saw him alive on 25 Nov 19 46Immediate cause of death Atherosclerotic Cardio-Vascular Disease

DURATION

unknownDied at homeDied at home

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. Lusky M. D. or otherAddress 330 N. Main Date signed 21 Nov 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

11385

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County..... Washington
 City or town..... Rural Maugansville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 8 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Rural Maugansville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Rt. 6
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elise N. Wolfensberger

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married	
6. (b) Name of husband or wife..... W.B. Wolfensberger			
7. Birth date of deceased (mo., day, yr.) February 27, 1899		6. (c) If alive, give age..... 49 years	
8. AGE: Years 47	Months 8	Days 24	If less than one day hrs. min.
9. Birthplace..... Hagerstown Wash. Md. (Town, county, and state)			
10. Usual occupation..... House Wife			
11. Industry or business..... Own Home			
FATHER	12. Name..... Edward W. Brewer		
	13. Birthplace..... St Paul's Wash Md.		
MOTHER	14. Maiden name..... Clara B. Henneberger		
	15. Birthplace..... Hagerstown Md.		

16. Informant..... Mr. W.B. Wolfensberger	
Address..... Hagerstown Rt. 6	
17. (Burial, cremation, or removal. Which?) Burial	Date thereof..... 11-24-46 (month) (day) (year)
Cemetery or crematory..... St. Pauls	
Location..... Near Clearspring Md.	
18. Funeral director..... Scott F. Minnich & Son	
Address..... Hagerstown Md.	
19. (Date rec'd by registrar)..... Nov. 23, 1946	
Registrar..... [Signature]	

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 21, 1946, at 11:15a
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to 1946 and that I last saw him alive on Nov 21, 1946
 Immediate cause of death..... Strangulation by Hanging
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Suicide Date of death..... 11/21/46
 Where did injury occur?..... Maugansville, Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)..... Hanging
 Means of injury..... Hanging Injured at work?..... No

23. SIGNATURE..... [Signature]
 Address..... Hagerstown, Md.
 Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

11386

67

1. PLACE OF DEATH:

County Washington County
City or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 3 hrs.
Hospital, institution, or street address where death occurred:Washington County Hosp.
How long in hospital or institution? about 3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Fenton Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Larry Mansfield Wolford

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced child6.(b) Name of husband or wife child

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 9 19418. AGE: Years 5 yrs Months 2 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Williamsport, Maryland
(Town, county, and state)10. Usual occupation Child11. Industry or business Child12. Name William Eugene Wolford13. Birthplace Williamsport, Md.14. Maiden name Dorthea Elizabeth Martin15. Birthplace Hagerstown, Md.16. Informant William E. WolfordAddress Williamsport, Maryland17. Burial Date thereof Nov. 13 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Williamsport, Md.18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Nov. 13, 1946 Charles Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 46 at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION

Due to Fractured skull 3 hrs

Due to _____

Other conditions _____

Major findings of operations _____ Date of op. _____

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide accident Date of Nov. 9-46Where did injury occur? Williamsport, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Fenton Ave.Means of Injury Struck by auto Injured at work?23. SIGNATURE Robert Wells DEPUTY MEDICAL EXAM.
Address Hagerstown, Md WASH. CO., MD.
M. D. examinerDate signed Nov. 12-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-10M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No. 11387 3020

1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 1/2 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 3 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. Salisbury Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Charles Emory Zimmerman

3. (b) Social Security Number

220-09-9220

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced6.(b) Name of husband or wife Sarah Moore Zimmerman7. Birth date of deceased (mo., day, yr.) Aug. 26 1903

B.(c) If alive, give age years

8. AGE: Years 43 Months 2 Days 17 hrs. min.9. Birthplace Millstone Md.
(Town, county, and state)10. Usual occupation Government Housing Project11. Industry or business Tobias & Healell Co.12. Name Cletus Zimmerman13. Birthplace Big Poole Md.14. Maiden name Mary Jane Trumpower15. Birthplace Big Poole Md.16. Informant Mrs. George WolfeAddress Williamsport, Md.17. Burial Date thereof Nov. 14 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview CemeteryLocation Williamsport, Maryland18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Nov. 14, 46 Chas. Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12/46 19..... at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/9/46 19..... to 11/12/46 19.....and that I last saw him alive on 11/12/46 19.....Immediate cause of death MyocardialIschemic infarctionDue to Cor. infarctionDue to Cor. infarction

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

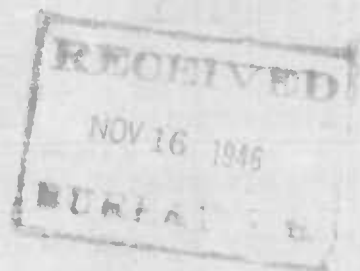
Means of injury Injured at work?

23. SIGNATURE W. J. YoungAddress Williamsport, Md. Date signed 11/12/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50